

United States Bankruptcy Court

Eastern District of Pennsylvania

In re:

Case No.:

13-15577-ref

Ana Virginia Cruz

: CERTIFICATION OF BUSINESS DEBTOR
REGARDING MONTHLY REPORT

Ana Virginia Cruz

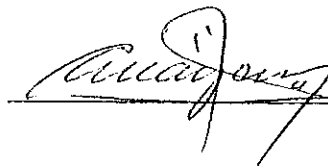
I, Ana Virginia Cruz, being of full age and duly sworn upon
my oath, depose(s) and say(s):

1. I am the business Debtor(s) in the above referenced matter.
2. I have completed and attached a Monthly Financial Report for the month of
NOVEMBER 2016.
3. All of the information in the Monthly Financial Report is complete, true and correct
to the best of my knowledge, information and belief.

This certification and all attachments shall be filed with the Clerk of the United
States Bankruptcy Court, the United States Trustee and the Chapter 13 Standing Trustee
in accordance with Section 1304 and Section 704(8) of the United States Bankruptcy
Code.

Date:

2/20/2017



Debtor

Date:

Debtor

IN THE MATTER OF:

Case No. 13-15577

Ana Virginia Cruz

PETITION FILED: 6-25-13

MONTHLY REPORT NO. 41

DEBTOR IN POSSESSION

MONTH ENDED 11-30-2016

ALL ITEMS MUST BE ANSWERED USING "NONE" OR N/A WHERE APPROPRIATE

CHAPTER 13 MONTHLY REPORT FOR INDIVIDUALS ENGAGED IN BUSINESS

1. Cash on Hand (on filing date, or thereafter, from prior reporting period) - 20,914.84
2. Receipts (Sales) 25,134.04
 - a. Salary and Commissions 2,750.00
 - b. Interest or Dividend Income —
 - c. TOLLS —
 - d. Other (TRUSTEE) 446.03

TOTAL RECEIPTS 4,219.20
3. Disbursements: (purchases) 18,062.18
 - a. Taxes - IRS —
 - b. Taxes-State, including any sales tax due —
 - c. Taxes- Real Estate —
 - d. Other office supply —
 - e. Utilities (phone service) 120.53
 - f. Storage Rent 282.62
 - g. Insurance premiums (truck) 214.29
 - h. Food 439.02
 - i. Medical (Bank fee) 16.71
 - j. TRUCK Repair —
 - k. Truck expenses Gas 519.67

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i. Clothing 264.74
" " "
m. Gifts - donations —
n. Membership —
o. Other Retiree 438.67
TOTAL DISBURSEMENTS 23,554.46

4. Balance at end of reporting period [(1-2) - 3] 21,335.26

5. Are you paying all your debts (post filing) as they are incurred? If not, list outstanding obligations and amounts due at end of current period on Schedule C. yes

6. Is all insurance paid up-to-date? yes

Debtor in Possession Checking Account(s):

NAME, LOCATION AND NUMBER(S) TD Bank XXXX 7131

BRANCH 1321 ROUTE 22, Phillipsburg, NJ 08833

Debtor in Possession Savings Account(s) and Investments, including IRA's, Keogh, Pension:

DESCRIBE: N/A

BRANCH: N/A

SCHEDULE A

(2)(d) Other:

SCHEDULE B

Gifts - donations/Name(s) of recipient(s): N/A

Tuition(s) list name and school(s): N/A

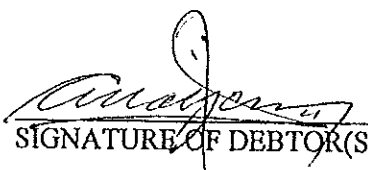
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SCHEDULE C

Outstanding obligations: (List payee and date incurred).

I DECLARE THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I FURTHER CERTIFY THAT ALL TAX REPORTS OR RETURNS WHICH BECAME DUE DURING THE REPORTING PERIOD HAVE BEEN FILED AND ALL REQUIRED PAYMENTS MADE.


SIGNATURE OF DEBTOR(S)

2/20/2017
DATE